

Health Care Provider Name (Printed): _____ (Signature): _____ Phone Number: _____

Prescribing Medical Formula and Supplemental Foods For Montana WIC Participants

WIC participants with qualifying medical conditions are eligible to receive medical formula with the maximum amount based on the participant's age and category. Infants six months and older, children and women may also receive supplemental foods for their category, as listed below.

If a participant may receive the full amount of formula as listed below, please check the "Maximum Allowable" box under Medical Formula (Part A) on the front page. If a participant is to receive less, please designate the prescribed amount in the same box.

For Supplemental Foods, Part B, please review the WIC supplemental foods below and indicate on the front page which foods are most appropriate for the participant to receive. If a participant may receive the full food package, please mark the box indicating this. If a participant may receive a modified food package, please check the foods the participant may receive from the list on the front page.

| | 0-3 months | 4-6 months | 7-12 months | 7-12 months (when solids are contraindicated) |
|-----------------------------|---------------|---------------|--------------------|---|
| Medical Formula: | | | | |
| Powder (reconstituted) | Up to 870 oz. | Up to 960 oz. | Up to 696 oz. | Up to 960 oz. |
| Concentrate (reconstituted) | Up to 806 oz. | Up to 884 oz. | Up to 624 oz. | Up to 884 oz. |
| Ready-to-feed | Up to 832 oz. | Up to 896 oz. | Up to 640 oz. | Up to 896 oz. |
| Infant Foods: | | | | |
| Infant Cereal | None | None | 3 8-oz. containers | None |
| Infant Vegetables/Fruits | None | None | 32 4-oz. jars | None |

| Children 1-4 years |
|---|
| Up to 910 oz. Formula |
| 4 gallons Milk or 3 gallons Milk and 1 lb. Cheese |
| 2 64-oz. bottles Juice |
| 36 oz. Cereal |
| 1 dozen Eggs |
| \$6 Fruit and Vegetable Benefit |
| 18 oz. Peanut Butter (for children 2 years and older) or 1 lb. Dry Beans or 4 16- oz. cans Beans |
| 2 lb. Whole Wheat Bread or Brown Rice or Whole Wheat Tortillas or Soft Corn Tortillas |

| Fully Breastfeeding Women | Pregnant or Substantially Breastfeeding Women | Partially and Non- Breastfeeding Women |
|---|---|--|
| Up to 910 oz. Formula | Up to 910 oz. Formula | Up to 910 oz. Formula |
| 6 gallons Milk and 1 lb. Cheese or 5 gallons Milk and 2 lb. Cheese | 5 1/2 gallons Milk or 4 1/2 gallons Milk and 1 lb. Cheese | 4 gallons Milk or 3 gallons Milk and 1 lb. Cheese |
| 3 12-oz. Frozen Juice | 3 12-oz. Frozen Juice | 2 12-oz. Frozen Juice |
| 36 oz. Cereal | 36 oz. Cereal | 36 oz. Cereal |
| 2 dozen Eggs | 1 dozen Eggs | 1 dozen Eggs |
| \$10 Fruit and Vegetable Benefit | \$8 Fruit and Vegetable Benefit | \$8 Fruit and Vegetable Benefit |
| 18 oz. Peanut Butter AND 1 lb. Dry Beans or 4 16-oz. cans Beans | 18 oz. Peanut Butter AND 1 lb. Dry Beans or 4 16-oz. cans Beans | 18 oz. Peanut Butter or 1 lb. Dry Beans or 4 16-oz. cans Beans |
| 1 lb. Whole Wheat Bread or Brown Rice or Whole Wheat Tortillas or Soft Corn Tortillas | 1 lb. Whole Wheat Bread or Brown Rice or Whole Wheat Tortillas or Soft Corn Tortillas | None |
| 30 oz. Tuna or Pink Salmon | None | None |

Please contact your local WIC agency with any questions regarding prescribing medical formulas and supplemental foods for WIC participants.